

# Social Services Part Two

## Slide 1 - Lesson Objectives



The slide features a black header with the logo of The CENTER for VICTIMS of TORTURE National Capacity Building Project on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Providing Social Services, Part 2' are in orange text. The main content is a flowchart with six circular nodes connected by lines. The nodes are: 'Why provide social services to torture survivors?' (orange), 'What are the common models and elements of social service provision?' (orange), 'What are the social effects of torture?' (orange), 'How to assess a survivor's social service needs?' (orange, highlighted with a red border), 'What are the principal social service interventions?' (grey), and 'What are some social services tools and resources?' (grey). A yellow arrow points down from the first node. A grey box at the bottom contains the text: 'Throughout the training, Click the Play button [play icon] below to move to the next slide'.

During this section of the social services lesson I will provide an overview of common concerns and issues that survivors may present to their providers, as well as the components of social service assessments. I'll discuss social service interventions as well as the importance of collaboration among multidisciplinary providers. I'll also provide an overview of tools and resources that social service providers use and we'll look at the issue of professional boundaries, meaning the guidelines and limits that we use to establish and maintain appropriate professional relationships with survivors. I'll focus this around social service issues but you'll see that these issues are relevant for all providers, no matter their discipline or service area.

**Slide 2 - Common Concerns**

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Providing Social Services, Part 2

### Common Concerns

- Personal safety/security
- Employment
- Education
- Housing
- Legal needs
- Domestic violence
- Addictions
- Interpersonal issues
- Community concerns

Survivor

In the earlier sections of this lesson we talked about social rehabilitation, as well as the social effects of torture. It's interesting that while we keep these themes in mind, the specific ways we work to help survivors rebuild their wellness and restore their social selves often center around very concrete needs. Recall in your reading "Like a Refugee Camp on First Ave." this idea was emphasized. Fulfilling a survivor's concrete needs is the foundation from which successful social service work begins.





### Slide 3 - Social Service Assessment

The slide features a black header with the logo of 'The CENTER for VICTIMS of TORTURE' (National Capacity Building Project) on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Providing Social Services, Part 2' are on the right. The main content is enclosed in a red rounded rectangle. On the left, a list of five bullet points is provided. On the right, a yellow outline of a person's head and shoulders is shown, with the word 'Survivor' written inside the torso area.

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Fundamentals of Providing Services for Torture Survivors  
Providing Social Services, Part 2

### Social Service Assessment

- Past and current social functioning
- Effects of torture experience on social functioning
- Current needs/situation
- Strengths and coping skills
- Limitations (physical & psychological)

Survivor

The first step of social service work is the completion of a social service assessment. An assessment starts when the provider reads the intake form or at the moment the provider meets the survivor - depending upon how things work within your organization. The assessment should be holistic, looking at the survivor's needs, culture, social history, and other services he or she is using. Verbal and non-verbal interactions are important in the assessment as well. Social service assessments should include the following components:

- Past and current social functioning – how a person is functioning now is important, but information on how they functioned in society before their torture and persecution is also useful, as it will provide insight into their pre-trauma level of functioning and what healing might look like for them, as everyone's needs are unique.
- Current needs and situation – what they see as their main needs and concerns right now.
- Strengths and coping skills. How did they cope with problems or challenges before their torture, while they were living back home and what strategies are they currently using?
- Limitations. What limitations might affect their healing or social service interventions, including physical, psychological, language, legal, and others?





#### Slide 4 - Social Service Assessment Continued

The slide content is as follows:

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Providing Social Services, Part 2

**Social Service Assessment**

- Past and current social functioning
- Effects of torture experience on social functioning
- Current needs/situation
- Strengths and coping skills
- Limitations (physical & psychological)
- Resources
- Other providers or agencies
- Survivor's view of healing, hopes, solutions
- Hypotheses for client interventions

Click to view Sample Social Services Assessment Guide

Survivor

What resources do they currently have? Did they bring any money with them? Do they have friends or family here or back home that are supporting them financially? What kind of social support do they have? Are they accessing other community resources or medical care? What spiritual practices or resources are they connected with?

Other providers or agencies they are working with or services they are receiving. This could include legal help, food shelves, clothing closets, language classes, medical care, housing assistance, religious or spiritual communities or leaders, or other community resources.

What is the survivor's point of view about their situation? What do they consider to be their priority needs? Do they already have some ideas about how to meet those? What are their hopes for the future – short, medium and long term? Implicit in this is the question, "What does healing look like to the survivor?" A survivor may not have thought consciously about that question, and raising it in the context of assessing their current situation and needs can encourage hopefulness, along with concrete problem solving. You can see





how this approach incorporates the values of empowerment and survivor-centered service that we discussed earlier. It creates the foundation for a collaboration in identifying appropriate service goals and interventions. Based on all of this, and knowing the resources available, providers develop hypotheses for appropriate client interventions. Of course, an initial assessment can last more than one session. And while it's important to gather this information and form hypotheses towards the beginning of treatment, assessment is an ongoing process and continues throughout the work.

There is a sample social service assessment guide included in the additional resources section of this module. The assessment guide contains questions that can be asked during the social services assessment to gain an understanding of the areas we just discussed. It is a sample and can be adapted to a provider's needs for their assessment purposes.





## Slide 5 - Survivor's Perspective

The slide features a black header with the logo of 'The CENTER for VICTIMS of TORTURE' and 'National Capacity Building Project' on the left. The title 'Fundamentals of Providing Services for Torture Survivors' and subtitle 'Providing Social Services, Part 2' are on the right. The main content is enclosed in a red rounded rectangle. On the left is an orange speech bubble containing a list of seven questions. On the right is a simple icon of a person's head and shoulders, labeled 'Survivor'.

**Survivor's Perspective**

- Does the survivor feel safe and secure?
- What is the survivor asking for or wanting?
- What does the survivor believe might help?
- What does the survivor think the provider's role should be?
- What is currently working well for the survivor?
- What resources does the survivor currently use?
- What would the survivor do to solve a problem in his/her home country?

Survivor

Survivors generally want to focus on the future, solving problems and creating opportunities for a stable and meaningful life in their new circumstances. It warrants repeating that building a successful social service plan requires keeping the survivor's perspective at the forefront throughout the assessment and the interventions. Here are some key questions to keep clearly in mind:

- Does the survivor feel safe and secure – in their current housing and living situation, with their immigration status, in the community and neighborhood in which they live?
- What is the survivor asking for or wanting? – While recognizing the limits of what we can offer, starting with the survivor's own priorities builds trust, communicates respect, and gives the survivor the experience that this agency will be helpful and useful. On the other hand, if, for example the survivor only wants help finding housing and the provider recommends first engaging in psychotherapy, the survivor might decide that services at the agency will not be helpful and disengage.
- What does the survivor believe might be helpful? – Sometimes survivors can be very overwhelmed by all of their needs, symptoms, and problems, and may have difficulty articulating what they need. Asking what the survivor believes might help in a particular situation can focus them and help them generate ideas.





- What does the survivor expect from the provider? And does that fit with what the agency can do? – I’ve worked with people who initially expect, or at least hope, that I’ll be able to find them housing or a job. At my organization, we don’t do that directly, but I’ve been able to explain that there’s a lot I can do - like provide information on employment search resources, help develop a resume, help find a computer class or access to the internet for job search, and help find an employment counselor. Similarly with housing, if your organization does not have housing resources, it’s important to clarify that as soon as the issue comes up so the survivor doesn’t feel misled. It’s also helpful to discuss the survivor’s expectations about the style of service provision. Do they need someone to be more involved, including modeling the use of resources, helping them understand how to interact with other agencies, or accompanying them there? Or less involved, providing resources to a survivor who feels he or she can access them on their own with minimal involvement from the provider.
- What is currently working well for the survivor? – Are there things that the survivor feels are going well or strategies/coping skills he or she has developed that are serving them well? Asking this question and offering appreciation and encouragement for accomplishments reinforces empowerment and connection to strengths – the experience of coming back to the capable person they have been. It also points the way to develop additional skills that will be useful
- What resources does the survivor currently use? – This is important in order to avoid duplicating services. Also exploring how the survivor accessed those resources will help further identify their strengths and capabilities.
- What would the survivor do about a particular issue or need if they were at home? This question has many values. It opens a window into the survivor’s life experience and culture. It communicates interest and respect for who this person is. It deepens the rapport between survivor and provider. And it creates room to reconnect to known skills and strengths that they may not have thought about using in a new and overwhelming environment.



**Slide 6 - Important Skills**

The slide features a black header with the following text on the left: "The CENTER for VICTIMS of TORTURE National Capacity Building Project". On the right of the header, it reads "Fundamentals of Providing Services for Torture Survivors" and "Providing Social Services, Part 2". The main content area has a black background with the title "Important Skills" in white. Below the title, five skills are listed in white text, each on a separate horizontal line: "Listen with compassion", "Gain survivor's trust", "Validate survivor's feelings", "Connect survivor with resources", and "Awareness of professional boundaries". The background of the slide is a photograph of two hands clasped together in a supportive grip.

Because social service providers are often assisting survivors with urgent, concrete needs, a bond of trust and appreciation often forms. As that happens, survivors may feel safe to share more, including marital or family problems, emotional stresses, worries about family in the home country, grief, and many other concerns, sometimes outside the formal role or training of the provider. Handling these situations supportively may include appreciating the survivor's trust, validating their feelings, and directing them to the best resource in the agency or community to follow up with the issue. It's worth repeating an important theme here about limits. Although compassionate listening is a powerful healing tool, it is important for social service providers to be aware of personal and professional boundaries and to practice good self-care by not taking on responsibility for healing that is beyond the role and scope of one's training.



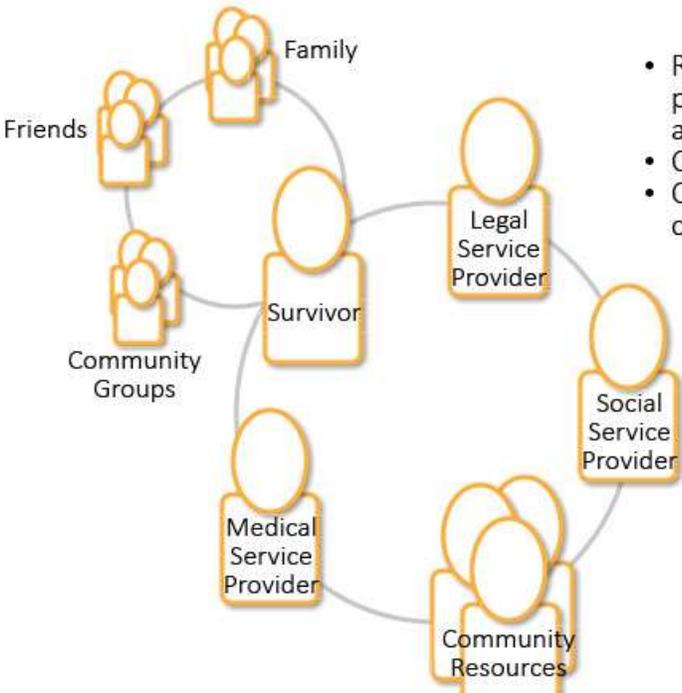


Slide 7 - Collaboration and Coordination


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Providing Social Services, Part 2



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graph TD
    Survivor((Survivor)) --- Family((Family))
    Survivor --- Friends((Friends))
    Survivor --- CommunityGroups((Community Groups))
    Survivor --- MedicalServiceProvider((Medical Service Provider))
    Survivor --- LegalServiceProvider((Legal Service Provider))
    Survivor --- SocialServiceProvider((Social Service Provider))
    Survivor --- CommunityResources((Community Resources))
    
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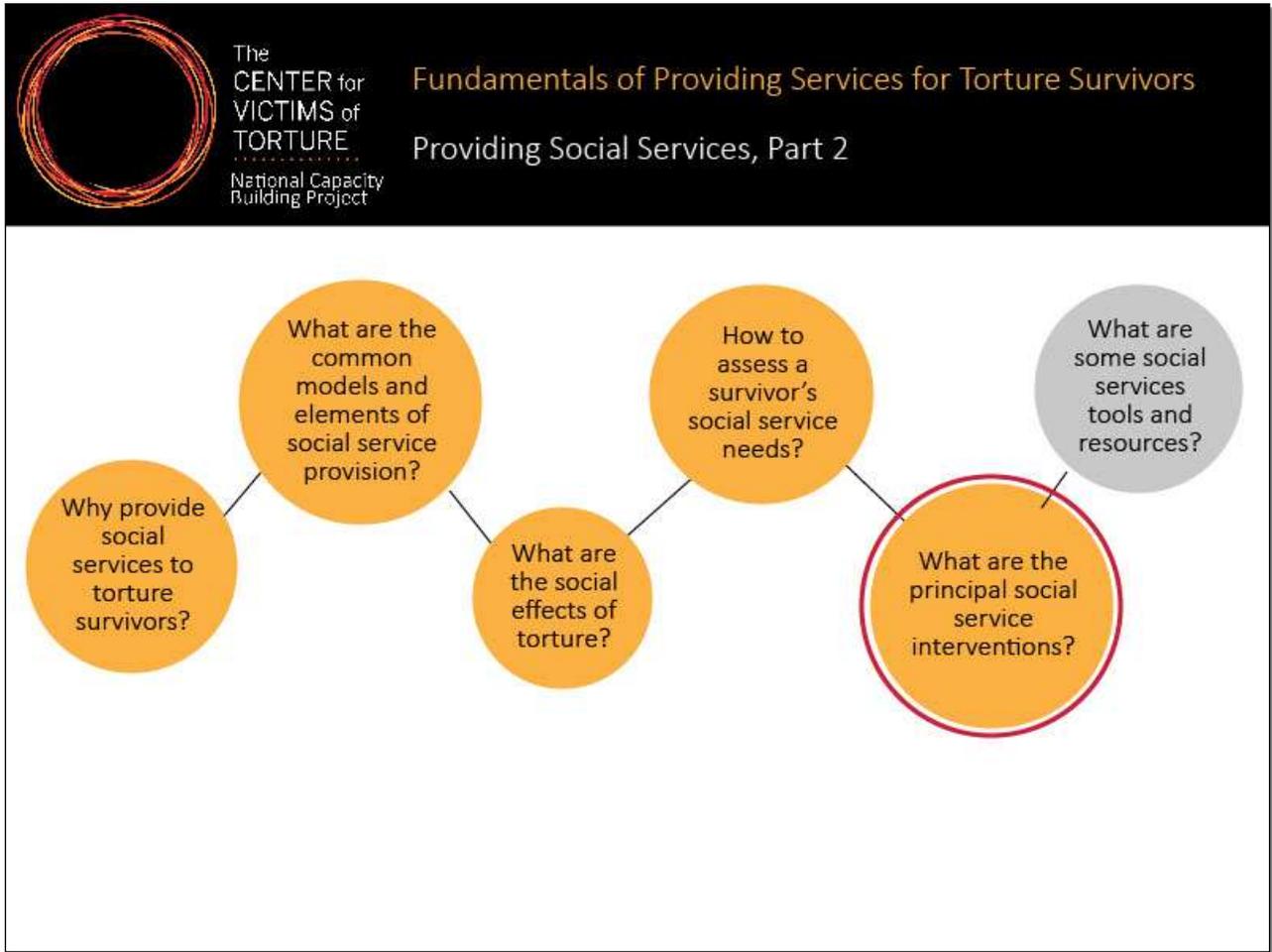
- Realize work of one provider can affect other areas of healing
- Coordinate services
- Collaborate with others and community

As has been stated before, many aspects of a survivor’s healing and their treatment needs overlap. For this reason, collaboration and coordination are central to our success. We collaborate first and foremost with the survivors themselves, and then with other members of our organization’s multidisciplinary team and with community resources. Communication helps ensure that goals and interventions complement one another, rather than impede one another. It is important to remember that a survivor needs to provide permission before you can talk with community agencies and providers on their behalf. Working together, we can help our clients meet their basic, spiritual, educational, and social needs and in so doing, rebuild their lives.





**Slide 8 - Principal Social Service Intervention**



We've discussed reasons to provide social services, shared common models, reviewed social effects and described how to assess a survivor's social service needs. Now, let's discuss some principle interventions.





## Slide 9 - Social Rehab Goals & Interventions

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Providing Social Services, Part 2

**Social Rehabilitation Goals & Interventions**

- Safety & stabilization
- Economic independence/overall self-sufficiency
- Reconnection with self, others, and community

Click each button to learn more

The intervention stage follows naturally from the social service assessment. To repeat one of our core principles in this course, it's important to plan interventions with awareness of the roles played by all members of the multidisciplinary team. The treatment goals and interventions for clients in one discipline, often overlap and are interconnected with goals and interventions in other disciplines. Interventions should be built on the strengths, resources, and coping skills identified in the assessment to increase the survivor's sense of competence and self-sufficiency. Thinking back to our social rehabilitation goals, our social service interventions should be focused on three main areas: Safety and stabilization, Economic independence and overall self-sufficiency, Reconnection with self, others, and community.

- Safety and stabilization – this includes basic needs: food, clothing, housing, medical care – as well as legal safety – permission to resettle in the U.S. permanently. Without basic needs and safety concerns being met, it is often difficult to focus on other aspects of healing, especially engaging in psychological healing.
- Economic independence and overall self-sufficiency – We discussed earlier how dependency and shame can affect social functioning. When circumstances allow, being able to reclaim independence and provide for themselves and their family, reestablishes a sense of competence and mastery, as well as a role as provider for family or community.





- Reconnection with self, others, and community – Lack of trust, social isolation, disengagement from others and community, are all effects of torture. Healing involves helping survivors reconnect with themselves, including their previous competencies, areas of interest, hobbies, or passions; Reconnecting with others, developing relationships and being able to interact comfortably; and reconnecting with the community, reengaging in community activities, political groups, religious activities and organizations, soccer teams, and other community activities and groups.





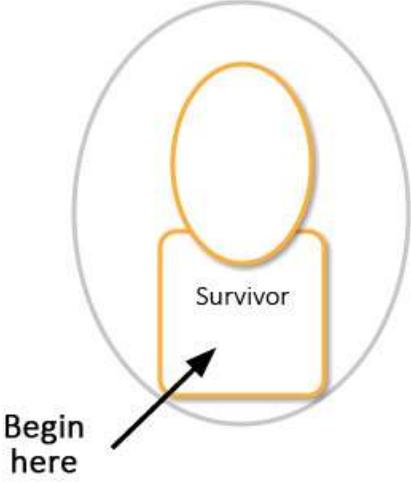
## Slide 10 - Survivor Orientation



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**Begin where the survivor is...**

- Survivors want safety and stabilization
- Survivors may not be able to focus on less-immediate needs

Treatment goals and social service interventions should be survivor-oriented. This means staying aware of the survivor's current life situation, including basic needs, medical needs, legal status, and family situation. Survivors I have worked with who don't have a stable place to live sometimes have trouble focusing on anything else. Dental pain can easily dominate life. Also, worries about family members left in the home country, often without any way to contact them or even know if they are alive, may overwhelm other concerns. Helping a survivor make contact with a church or mosque to find temporary housing or a shelter, finding a low-cost or pro bono dental service, or connecting the survivors to the International Red Cross to search for their family, demonstrate that we are paying attention to a survivors' priority concerns, and that we can be helpful.

Many survivors report that they can't focus on less-immediate needs, such as volunteering or learning computer skills, until they are granted asylum or obtain a work permit. On the other hand, Malia, whom we met in the interview the first week of the course, reflected back on the period before she got her work permit and reunited with her kids as a special opportunity to focus on healing. She even told newly arrived asylum seekers to appreciate the time to engage in activities for healing, such as learning English or computer skills,





volunteering, engaging in therapy, or attending a support group. She pointed out that once she had a job and her children, happy as she was, she had many more responsibilities and obligations to meet and less time to focus directly on her own healing.



**Slide 11 - Methods of Intervention**

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Providing Social Services, Part 2

## Methods of Intervention

- Advocacy
- Education
- Problem-solving
- Resource brokering
- Emotional support and counseling
- Modeling behavior and skills
- Mediation

There are many different methods for social service interventions. Many of these methods may overlap with interventions in other disciplines, but it is important to be aware of specific methods that can be used to provide social services to torture survivors.

**Advocacy** – We all know that often a professional can get something done at an agency where a client cannot, even when the client is a lifelong US citizen and English speaker. So there are situations where it's important to use our position and our knowledge to advocate for our clients. If a survivor is denied a benefit or a resource within the community, for example, it may be due to misunderstanding or lack of education on the part of other community providers regarding issues related to asylum and immigration and we can clear that up. Additionally, informing other agencies and their staff about the effects of torture, or even about the existence of torture survivors in our community, can help them understand why a survivor might be shy about talking to an agency official, or afraid to stay in a waiting room where uniformed guards present, or nervous about medical or dental instruments. This can help the survivor better access services or deal with employment-related issues and help the other provider give better service. Of course, we need the survivor's permission to identify them as such before talking with other agencies on their behalf.





Education is important in many dimensions – providing education to survivors about life in the U.S., systems they are interacting with, resources they may be eligible for and how to access those resources is essential. On a different level, providing psychoeducation to survivors regarding effects of torture and helping normalize their symptoms can make a huge difference for a person who has not fully understood that the fearfulness, sadness or nightmares that plague them and affect their social functioning, are a normal result of the torture years ago. Some programs provide psychoeducation groups to survivors in which education on the effects of torture is provided along with information about adjusting to life in the U.S. Social service providers often facilitate these groups. Of course, social service providers need to know whether they're qualified to provide this type of psychoeducation based upon their own training and education. If they're not, they should refer to a therapist, psychiatrist, or trained social worker who can provide this type of information and support.

Problem-solving – Helping survivors talk through a problem, brainstorm potential solutions, and make a plan of action is an important intervention. Sometimes survivors are so overwhelmed with their needs or a crisis they are dealing with, that having someone to problem-solve with is the intervention that will be most helpful, rather than providing them a resource or solving the problem for them. Helping the survivor problem solve is more empowering than solving the problem for the survivor.

Resource brokering – Teaching the survivor about available resources and how to access them as well as referring them to resources when a referral is necessary is important.

Emotional support– sometimes there may not be a direct intervention or resource to immediately solve a problem or need, but having someone to talk to for emotional support in the process can be very helpful to the survivor so that they do not feel alone in their situation. Social service providers often find themselves in this position because of the close working relationship they have with survivors and the trust that develops between them.

Modeling behavior and skills – through assisting survivors with making phone calls to community resources or accompanying them to community agencies, you can model skills on how to access these resources, and then encourage the next step of doing it on their own.

Mediation can be used when a survivor is having difficulty with a provider at another agency or an employer. The survivor might be misunderstood or mistreated by someone in power who has access to resources or controls their job. In these situations, it can sometimes be helpful, with the survivor's consent, to attempt to play a mediator role in resolving the situation.

Of course, it's essential to follow HIPAA rules and confidentiality guidelines in all of the interventions mentioned above, especially when a social service provider is advocating on the survivor's behalf or accompanying them into the community. Always get releases of information and discuss with the survivor in advance whether they are comfortable with others knowing they are receiving services at a program that serves torture survivors.





Slide 12 - Reflection

The slide features a black header with the following text from left to right: a logo of a red circular scribble, 'The CENTER for VICTIMS of TORTURE National Capacity Building Project', and 'Fundamentals of Providing Services for Torture Survivors Providing Social Services, Part 2'. Below the header, the title 'Mohamed's Story' is written in orange. The main content area is a light gray rounded rectangle containing a large orange question mark, the text 'Identify one need & intervention you would recommend for Mohamed's family in each of the three areas of focus for social service interventions:', a list of three items, a small icon of a hand writing on a notepad, and a white call-to-action button with a drop shadow that says 'Click to review Mohamed's Story.'

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Providing Social Services, Part 2

## Mohamed's Story

Identify one need & intervention you would recommend for Mohamed's family in each of the three areas of focus for social service interventions:

1. Safety & Stabilization
2. Economic Independence/Overall Self-sufficiency
3. Reconnection With Self, Others, & Community

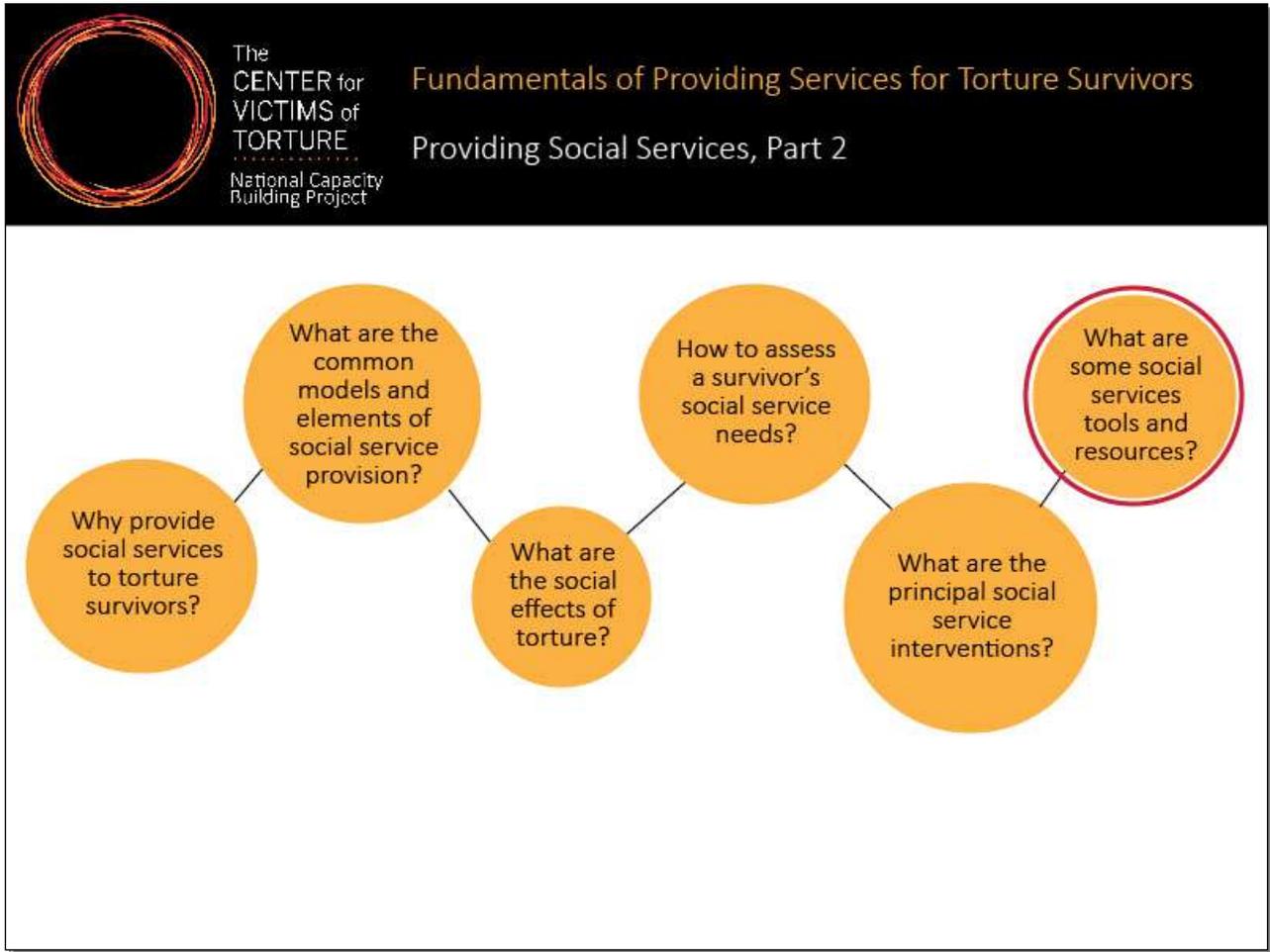
Click to review Mohamed's Story.

Please take a few moments to pause the presentation and think about Mohamed and his family. Identify one specific need related to each of the three areas listed here and one intervention that you would recommend for each of those needs. Please record this in your journal.





Slide 13 - Social Service Tools and Resources



Now, allow me to share some social services tools and resources.



**Slide 14 - Tools**

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Providing Social Services, Part 2

## Tools

- Knowledge of the community
- Knowledge about the impact of torture
- Knowledge of cultural competency
- Knowledge of spiritual, religious, other indigenous coping resource & strategies
- Professional judgment
- Self/relationship with survivor
- Power of position

Social service providers use many tools when providing services to torture survivors. Some of the more important tools to recognize and understand include the following:

Knowledge of community resources, organizations and agencies, including particular ethnic communities and the formal or informal resources they may have access to. The more survivors you work with, the more you learn in this area.

Knowledge about the impact of torture – in order to perceive how this may be affecting survivors’ ability to engage with you and with the resources you find for them. It’s also important for a provider to be able to share this knowledge with other community providers and agencies to ensure that survivors are being appropriately helped.

The ability to provide culturally competent and sensitive services is an important tool. Knowledge of spiritual, religious, and other indigenous coping resources and strategies is also an important skill to have. Of course, one provider will not know about all of these resources and strategies, but a willingness to learn about, and explore these resources is important. The more one understands about the cultural and spiritual beliefs and practices of survivors, the more assistance and support one can provide to the survivors we work with.





Professional judgment in helping survivors sort out priorities and choose appropriate steps. For example, a survivor might want to pursue higher education, but English classes may be the best first step. Some survivors are reluctant or even unwilling to accept a job below the status they held in their home country, and need help to assess the realities they face and to deal with humiliation or disappointment so they can do what's needed to survive in the present moment.

The provider's self and the personal relationship with the survivor, are essential tools in helping survivors rebuild trust and social connections. We discussed earlier how providing a consistent, predictable, and warm relationship offers the survivor an opportunity to test their ability to regain trust and develop a relationship with someone new.

The provider's position of power is an important tool to understand and to use in advocacy efforts. As much as we would like to believe that we have no more power than the survivors we work with, or that they are not treated differently than us, we know that this is not always the case. A survivor may encounter many barriers or "red tape" when trying to access a resource or may be getting the run-around from a county benefit agency and if we call on the survivor's behalf the response may be different simply because we are calling from a community agency. Modeling how to access services is very important but at times advocacy is what is called for, especially when a survivor is encountering inappropriate barriers.



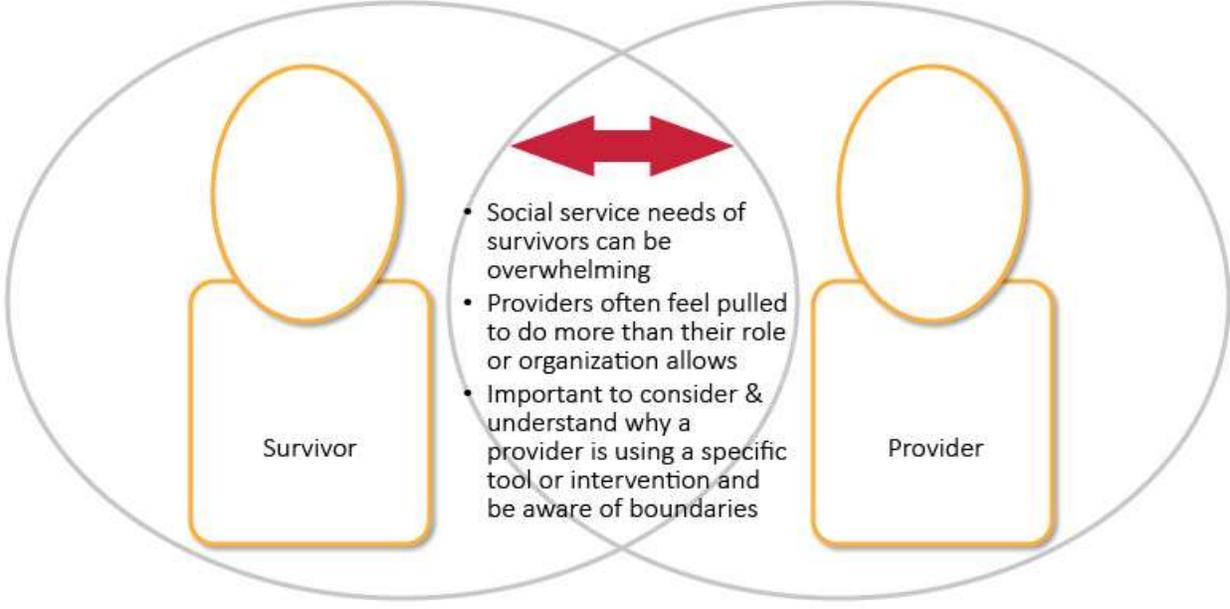


### Slide 15 - Boundaries and Social Services


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## Fundamentals of Providing Services for Torture Survivors

### Providing Social Services, Part 2



- Social service needs of survivors can be overwhelming
- Providers often feel pulled to do more than their role or organization allows
- Important to consider & understand why a provider is using a specific tool or intervention and be aware of boundaries

Speaking of barriers, let's discuss a related topic: boundaries. Although we could do an entire course on boundaries and issues related to boundaries, I want to touch on this topic briefly as it relates to social service provision. By boundaries, we mean the guidelines and limits that we use to establish and maintain appropriate professional relationships with survivors. This is inevitably challenging, since the needs survivors present sometimes, or even often, go beyond the resources we have to offer. It's easy to feel responsible for meeting those needs and even guilty when we cannot do so. This is true, especially in the beginning of one's work in this field.

Because the needs can be so great and the community resources so limited, there is a potential for boundary violations and for feeling pulled to do more than one's professional role requires or is allowed. Sometimes these unrealistic expectations can also come from other providers that the survivor is working with, especially if they do not understand the limited resources available. Team members need to be aware that these issues arise, and need to openly discuss them among themselves and with supervisors.





It's common for a provider to form a particularly close relationship with certain survivors, and those situations can create particular challenges around boundaries. Sometimes it's helpful to ask whether the intervention is one that you would use for all survivors on one's caseload or if the provider is feeling particularly pulled to do more for the specific survivor in question and why. These are helpful discussions to have with a supervisor or colleague.



**Slide 16 - Resources**

The slide has a black header with the following text: 'The CENTER for VICTIMS of TORTURE National Capacity Building Project' on the left, and 'Fundamentals of Providing Services for Torture Survivors' and 'Providing Social Services, Part 2' on the right. The main content is a white rounded rectangle with a red border containing the title 'Resources' and a bulleted list.

**Resources**

- Faith communities
- Spiritual and religious leaders
- Educational programs
- Pro-bono legal services
- Free & low-cost medical care/medication
- Employment programs

Although each community has different community resources to draw from, it can be helpful to think of some broad resource categories as a framework for discovering what is in one's own community.

- Spiritual and religious institutions are useful for survivors in helping them connect with others, reconnect with their faith or a faith leader, as a source of emotional and spiritual support and sometimes monetary or material support if the faith community has resources.
- Educational programs including English Language learner classes, computer classes, GED programs and post-secondary programs.
- Legal services for issues related to asylum and immigration, criminal cases, and civil cases.
- Free and low-cost medical and dental care and medication assistance for survivors who are not eligible for medical insurance.
- Employment resources, including Vocational Rehabilitation services, employment counselors, temporary employment agencies, employment readiness workshops, employment search websites, and job-seeker clubs within the community.





## Slide 17 - Resources continued

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Providing Social Services, Part 2

### Resources

- Faith communities
- Spiritual and religious leaders
- Educational programs
- Pro-bono legal services
- Free & low-cost medical care/medication
- Employment programs
- Housing programs
- Transportation resources
- Community groups and organizations
- Socialization activities
- United Way First Call for Help

- Housing programs, especially those that will work with survivors that do not yet have immigration status
- Transportation resources – such as bikes, bus tokens, medical transportation services, etc.
- Ethnic community groups and mutual assistance organizations
- Socialization activities – such as community centers, senior programs, community education, knitting and quilting groups, or volunteer activities
- Many communities often have a resource such as United Way’s First Call for Help that provides free assistance in finding community resources for a myriad of needs.

All of these are important in meeting practical needs and in restoring connection to life.





Slide 18 - Conclusion

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Fundamentals of Providing Services for Torture Survivors  
Providing Social Services, Part 2

Why provide social services to torture survivors?

What are the common models and elements of social service provision?

What are the social effects of torture?

How to assess a survivor's social service needs?

What are the principal social service interventions?

What are some social services tools and resources?

There are additional resources available after the lesson.

Congratulations – you have completed the Providing Social Services to Torture Survivors lesson. This lesson has touched on many aspects of the social effects of torture and social service provision within programs serving torture survivors. If you are a social service provider working with torture survivors, there are several other resources that may be helpful for you to gain additional information about this work and they can be found in the additional courses resources section of the lesson. Thank you for your participation.



**Slide 19 - Assessment**

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## Fundamentals of Providing Services for Torture Survivors

### Providing Social Services, Part 2

Congratulations, you have completed the eLearning on Fundamentals of Providing Services for Torture Survivors: Social Services.

You will now take a short assessment. Answer the questions about the lesson to the best of your ability. You must attain a score of at least 80% to pass and earn the Certificate of Completion. You may take the test as many times as you need to pass.

The Certificate will be emailed to you by CVT staff within seven business days once you have passed the Assessment.

The test is not timed, so you can take as much time as you need. If you cancel the test, your answers are discarded and they are not counted as a submission.

After completing the assessment click continue to submit your score and continue to additional resources.

**Begin Assessment**

